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WINSTON-SALEM**FACSIMILE**From: Louis T. Isaf
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Attorney Number: 1405**TO:** Examiner Cary E. O'Connor **COMPANY:** U.S. Patent Office - Art Unit 3732**FAX:** 703-872-9306 **PAGES:** 17**PHONE:** 703-305-8128 **DATE:** July 20, 2004**RE:** Application No. 10/047,587 **ATTORNEY DOCKET/REF.** M112 1100**NO.****ACCOUNTING NO.** 38301.0007.4☐ Urgent☐ For Review☐ Please Comment☐ Please Reply☐ Please Recycle

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ATLANTA 175599v1

PATENTS

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Nabil L. Muhanna, M.D.

Docket Number: M112 1100 **RECEIVED**
CENTRAL FAX CENTER

Application Number: 10/047,587

Filing Date: January 15, 2002

JUL 22 2004

Title: **INTERVERTEBRAL DISC PROSTHESIS AND METHODS OF
IMPLANTATION****CERTIFICATE OF FACSIMILE TRANSMISSION**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that the following papers are being facsimile transmitted to the
U.S. Patent and Trademark Office on the date shown below.

Amendment Transmittal

2nd Amendment & Response

Amendment Fee - \$131.00 - To be charged to Deposit Account No. 09-0528

7-22-04

Date

Suzanne Skinner

(Printed Name of Person Faxing Corresp.)

Suzanne Skinner

(Signature of Person Faxing Corresp.)

ATLANTA 409494v1

In re **PATENT** application of:
 Serial No:
 Filed:
 Title:

AMENDMENT TRANSMITTAL LETTER

Commissioner For Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☐ A check in payment of the fee is attached.

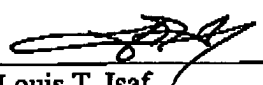
The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims after Amend.	Highest Prev. Paid For	Extra	Rate SE/LE	Additional Fee
Total Claims	34	- 26	= 8	X \$9/\$18	= \$72
Indep Claims	13	- 11	= 2	X \$43/\$86	= \$86
				Total Additional Fee for this Amendment = \$158	

- ☐ A check in the amount of \$_____ is enclosed.
☒ The Commissioner is hereby authorized to charge the Amendment Fee of \$158.00 to our Deposit Account No. 09-0528.
☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. 09-0528.

Respectfully submitted,

7/22/04
 Date


 Louis T. Isaf
 Reg. No. 29,078

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Docket Number: **M112 1100**

ATLANTA 409493v1